## STATE OF HAWAII REQUEST TO USE AN ALTERNATIVE PROCUREMENT METHOD

TO:	Chief Procurement Officer		
FROM:	(Department/Division/Agency)		
SUBJECT:	Request for Approval to Use an Alternative Procurement Method  Pursuant to \$\Bigcup \circ 3-122-35 (c), HAR [IFB]  \$\Bigcup \circ 3-122-59 (c), HAR [RFP]  \$\Bigcup \circ 3-122-66 (c), HAR [Professional Services]		
Your approval to use direct negotiations as the alternative procurement method is requested based on the following procurement officer determination:			
IFB No	or RFP No		
Solicitation T	itle or Description:		
Contract perio	od:		
Formally adv	ertised on and the deadline for receipt of offers was		
There was (sele	ect one):		
procurem	ONE RESPONSIVE AND RESPONSIBLE OFFEROR and the option to do an alternative ment method has been selected because the need for the subject procurement continues, but the price fair and reasonable <u>and</u> (select one and explain):		
☐ Then	re is no time for re-solicitation:		
□ Re-so	plicitation would likely be futile:		
	above, an alternative procurement method, specifically direct negotiations will be conducted with eror first, and then with any contractor or vendor should negotiations with the sole offeror fail.		

SPO Form-15 (Rev. 7/1/02) 1 P.W. No. \_\_\_\_\_

NO OFFERS WERE RECEIVED OR THERE WERE NO RESPONSIVE AND RESPONSIBLE OFFERS, and it has been determined that it is neither practicable, nor advantageous to the State to issue a new Solicitation. The following have been considered (provide explanation for each of the following):				
Time constraints (not applicable to Section 103E)	D-304, HRS, professional services):			
Competition in the marketplace:				
It is anticipated that the additional potential the solicitation process:	al cost of re-solicitation will exceed the benef	fits associated with		
Based on the above, an alternative procurement me procurement.		e conducted for this		
The second second	DL	ne:		
Direct questions to:	Pnor	IC		
	above is, to the best of my knowledge, tr			
	above is, to the best of my knowledge, tr	ue and correct.		
I certify that the information provided	above is, to the best of my knowledge, tra	Date		
I certify that the information provided	Department Head or Designee  Title (If other than Department Head)	Date		
I certify that the information provided of the control of the cont	Department Head or Designee  Title (If other than Department Head)	Date		
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